

County: Milwaukee
HILLVIEW HEALTHCARE CENTER
1615 S 22ND ST

Facility ID: 4230

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MILWAUKEE 53204 Phone:(414) 671-6830
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 87
Total Licensed Bed Capacity (12/31/04): 87
Number of Residents on 12/31/04: 54

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 59

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		27.8
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	25.9	More Than 4 Years		22.2
Day Services	No	Mental Illness (Org./Psy)	20.4	65 - 74	16.7			-----
Respite Care	Yes	Mental Illness (Other)	9.3	75 - 84	29.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	24.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.6		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	7.4	65 & Over	74.1	-----		
Transportation	No	Cerebrovascular	13.0		-----	RNs		7.4
Referral Service	No	Diabetes	5.6	Gender	%	LPNs		7.1
Other Services	Yes	Respiratory	7.4	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.8	Male	35.2	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	64.8			51.6
Provide Day Programming for			100.0		-----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	5	11.1	152	0	0.0	0	1	33.3	160	0	0.0	0	0	0.0	0	6	11.1
Skilled Care	2	100.0	325	36	80.0	131	0	0.0	0	2	66.7	138	4	100.0	131	0	0.0	0	44	81.5
Intermediate	---	---	---	4	8.9	110	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	7.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		45	100.0		0	0.0		3	100.0		4	100.0		0	0.0		54	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	0.0	Bathing	1.9	72.2	25.9	54
Private Home/With Home Health	7.7	Dressing	20.4	63.0	16.7	54
Other Nursing Homes	1.9	Transferring	35.2	40.7	24.1	54
Acute Care Hospitals	88.5	Toilet Use	24.1	44.4	31.5	54
Psych. Hosp.-MR/DD Facilities	0.0	Eating	72.2	20.4	7.4	54
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.9	Continence		%	Special Treatments	%
Total Number of Admissions	52	Indwelling Or External Catheter	13.0	Receiving Respiratory Care		7.4
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	42.6	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	21.3	Occ/Freq. Incontinent of Bowel	38.9	Receiving Suctioning		0.0
Private Home/With Home Health	18.0			Receiving Ostomy Care		9.3
Other Nursing Homes	4.9	Mobility		Receiving Tube Feeding		7.4
Acute Care Hospitals	24.6	Physically Restrained	0.0	Receiving Mechanically Altered Diets		35.2
Psych. Hosp.-MR/DD Facilities	0.0			*****		
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	3.3	With Pressure Sores	14.8	Have Advance Directives		53.7
Deaths	27.9	With Rashes	5.6	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		72.2
(Including Deaths)	61					

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	67.8	86.4	0.78	88.2	0.77	87.3	0.78	88.8	0.76
Current Residents from In-County	100	85.0	1.18	88.5	1.13	85.8	1.16	77.4	1.29
Admissions from In-County, Still Residing	28.8	18.1	1.60	21.6	1.34	20.1	1.44	19.4	1.49
Admissions/Average Daily Census	88.1	199.9	0.44	187.2	0.47	173.5	0.51	146.5	0.60
Discharges/Average Daily Census	103.4	201.1	0.51	182.1	0.57	174.4	0.59	148.0	0.70
Discharges To Private Residence/Average Daily Census	40.7	83.1	0.49	76.7	0.53	70.3	0.58	66.9	0.61
Residents Receiving Skilled Care	92.6	95.8	0.97	96.7	0.96	95.8	0.97	89.9	1.03
Residents Aged 65 and Older	74.1	84.4	0.88	89.4	0.83	90.7	0.82	87.9	0.84
Title 19 (Medicaid) Funded Residents	83.3	61.2	1.36	48.4	1.72	56.7	1.47	66.1	1.26
Private Pay Funded Residents	5.6	13.7	0.40	31.2	0.18	23.3	0.24	20.6	0.27
Developmentally Disabled Residents	0.0	1.2	0.00	0.2	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	29.6	30.0	0.99	34.7	0.85	32.5	0.91	33.6	0.88
General Medical Service Residents	27.8	23.2	1.20	23.5	1.18	24.0	1.16	21.1	1.32
Impaired ADL (Mean)	45.6	52.9	0.86	50.4	0.90	51.7	0.88	49.4	0.92
Psychological Problems	72.2	51.7	1.40	58.0	1.25	56.2	1.29	57.7	1.25
Nursing Care Required (Mean)	10.0	8.4	1.18	7.3	1.37	7.7	1.29	7.4	1.34